

## Program Promotion Form

Promotion Title \_\_\_\_\_

New Promotion  
Re-run Promotion  
(Circle One)

Today's Date \_\_\_\_\_

Contact Person \_\_\_\_\_

Unit Office \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_



Go to [www.idahocareline.org](http://www.idahocareline.org)  
"Using 2-1-1 in your Promotion" for specific 2-1-1  
promotion guidelines and mandatory logo use.  
For logo waiver info, please call 208-287-1020.

### Promotion Information

Please provide a brief description of services and/or activities being promoted

Promotion Dates \_\_\_\_\_

Mode of Promotion (TV/Radio/Publication) \_\_\_\_\_

Include additional promotion information  
(age/financial restrictions, eligibility, etc.)

### Referral Information

Who do we refer the caller to?

\_\_\_\_ Central Office Contact

\_\_\_\_ Regional Contacts

\_\_\_\_ Health District Contact

\_\_\_\_ Other Contact

(please attach a list containing all contact information)

The following information is needed for all contacts:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Geographic Area: \_\_\_\_\_

If you have any special report needs, please indicate them here:

When/ How frequently would you like to receive this report?

\_\_\_\_ End of Promotion    \_\_\_\_ Monthly    Other (please specify) \_\_\_\_\_

Other Special Needs/ Requests